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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Co			
SUBJECT:	Empire Brick ar	d Stone Masonry, LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Wilman A. Hernandez	
		Name of Person	
	Empire B	rick and Stone Masonry, LLC	<u> </u>
		3205 Horseshoe Trail	
		Address	
		32312	
		City/State and Zip Code	
	E-mail address: (iremasonry@ymail.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	eall:	
	nan Hernandez		3 or 524-1385
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empire Brick and Stone Masonry, LLC

(Name of the Limite	ed Liability Compa (A Florida Limited	any as it now apper Liability Company)	irs on our records,)	
The Articles of Organization for this Limited	Liability Company	y were filed on	June 21, 201	2 and a	ıssigned
Florida document numberL120000	<u>82172</u> .				
This amendment is submitted to amend the fo	flowing:				
A. If amending name, enter the new name	of the limited lia	bility company he	e <u>re</u> :		
	N//	4			
The new name must be distinguishable and end v "L.L.C."			oany," the designation	on "LLC" or th	e abbreviation
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	EET ADDRESS)			M	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	N/A			
B. If amending the registered agent and registered agent and/or the new registered	l/or registered o office address he	ffice address on re:	our records, <u>ent</u>	er the name	of the new
Name of New Registered Agent:	N/A			12 O	
New Registered Office Address:					Ti
		E	nter Florida street		Albert Life of
	-		, Florida		11!
		City		SEZip Co	de [—]
New Registered Agent's Signature, if changing	Registered Agent	•			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Action
IGRM_	Edwin Hernandez	3205 Horseshoe Trail Tallahassee, FL 32312	Add Remove
	<u> </u>		Add Remove
	THE STATE OF THE S		Add Remove
	4		Add Remove
			Add Remove
	**************************************		Add Remove
. If amend		nge(s) here: (Attach additional sheets, if necessary.)	
			
			_
 	October 18, 2	012	_

Page 2 of 2

Filing Fee: \$25.00